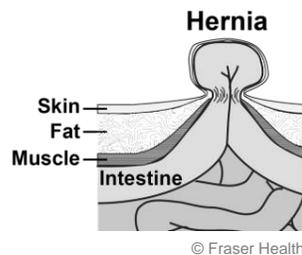


Open Inguinal Hernia Repair

Your Surgery and Recovery at Home

Royal Columbian Hospital ♦ Eagle Ridge Hospital

An inguinal hernia happens when there is a weak spot in the muscles or tissues of the groin (inguinal area). Abdominal tissue or an organ (such as the intestine) can squeeze through the weak spot and is seen as a bulge.



Appointments after surgery

See your family practitioner 7 to 10 days after surgery

My appointment is on: _____

See your surgeon 3 to 4 weeks after surgery.

My appointment is on: _____

The surgery

The surgeon makes a small cut (incision) in your groin near the hernia. Any tissue or organ bulging through the hernia is pushed back into place or removed. Sometimes a synthetic patch or mesh is placed over the hernia site and sewn to the surrounding tissue. If mesh is not used, the tissue is sewn together. The surgery usually takes about 1 hour.

You usually go home the same day or the next day. This depends on your health before surgery and your recovery.

Going home checklist

- You have a ride home and someone to stay with you for 24 hours, or longer if needed.
- You know what medicine(s) to take, as well as when and how to take them.
- You know what you cannot do for 24 hours (because of anesthetic) including:
 - ✗ not driving or operating hazardous machinery
 - ✗ not drinking alcohol or using any substance or street drug
 - ✗ not making important decisions or signing legal documents

Caring for Yourself at Home

Drinking and Eating

Return to your normal diet. You might feel sick to your stomach (nausea) or throw up (vomit). This should not last long. It is important to stay hydrated.

If you feel sick or throw up:

- Drink 'flat' ginger ale, clear soups, and clear fluids, and eat mild foods until you feel better. Other good choices include dry toast, crackers, popsicles, and gelatin dessert (such as Jell-O). Stay away from caffeine, carbonated soft drinks, and acidic fruit juices while feeling sick.
- Drink and eat small amounts often.
- Rest in bed until you feel better. Place a cool, damp cloth on your face and neck.
- Try not to smoke or be around smoking. It can make your nausea worse.

You might get constipated if you are less active, eating less fibre, or taking opioid pain medication. It is important to prevent constipation so you don't strain to have a bowel movement.

To prevent constipation:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Walk and move around as much as you can.

If you continue to be constipated, talk with a pharmacist or family practitioner about taking a laxative.

Managing pain

Your pain should be at a comfortable level that allows you to move, deep breathe, cough, and to do every day activities.

Often, there is some bruising and swelling near the incision and into the scrotum. The bruising goes away in a few weeks. To reduce the swelling and help ease the pain, put a gel pack or ice in a cloth (such as a pillow case) and place over your incision area for 10 to 20 minutes, 4 to 6 times a day, for the first 2 days.

Your surgeon gives you instructions to take pain medicine. This could be for non-prescription (over the counter) pain medication such as acetaminophen (Tylenol®) or non-steroidal anti-inflammatory drugs ★ (NSAIDs) such as ibuprofen (Advil®, Motrin®) or naproxen (Naprosyn, Aleve®).

★ **NSAIDs are not for everyone after surgery.** If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, speak with your surgeon or family practitioner before using NSAIDs.

Depending on the type of surgery, you might also get a prescription for a pain medication that contains an opioid (narcotic). Examples:

- Tramacet® (tramadol and acetaminophen)
- Tylenol #3® (codeine and acetaminophen)
- Oxycocet® / Percocet® (oxycodone and acetaminophen)

Note: These medications also have 300 to 325mg acetaminophen in each tablet. It is important to know because you should not take more than 4000mg of acetaminophen in a day from all sources (too much can harm your liver).

If your pain is at an uncomfortable level, take your pain medicine as directed. As your pain improves, take your pain medicine less often and/or a smaller amount until you have little or no pain, then stop.

At first, you might have to take a prescription medication. After a short time and as your pain improves, a non-prescription pain medicine should be enough to manage your pain.

Always read the label and/or information about how to safely take medication from the pharmacist.

Questions about medications? Speak to your local pharmacist. After-hours, call 8-1-1 and ask to speak to a pharmacist.

Your incision

Always wash your hands before and after touching around your incision site(s).

You can shower 2 days after your surgery. If you have white skin tapes (steri-strips) over your incisions, do not remove them. They should fall off within 1 week. If they don't, then remove them. If you have a bandage covering your incision, a nurse will explain when to remove the bandage.

For at least 2 weeks until the incisions are healed: No soaking in a bath tub or hot tub; No swimming; No creams, lotions, or ointments on your incision, unless directed by your surgeon.

Activity and Rest

Balance your activity and rest for the first few days.

Do not lift, push, or pull anything over 5 kilograms (10 pounds) for 4 weeks. This includes carrying children and groceries.

Try to get 8 hours of sleep each day. Take rest breaks during the day, as needed.

You can usually return to driving 1 week after surgery, when you can shoulder check and do emergency braking. If you are not sure about driving, check with your surgeon. **Do not drive or drink alcohol** if you are taking an opioid medication.

When to get help

Call your surgeon or family practitioner if you have any of the following:

- not urinated (gone pee) within 8 hours of surgery
- nausea or throwing up not going away
- a dry mouth, only passing a little dark urine, and feeling thirsty
- a fever over 38°C (101°F)
- warm, red, swollen incision, or blood or pus (yellow/green fluid) draining from the area
- pain does not ease with pain medicine, or stops you from moving or recovering
- redness, tenderness, or pain in your calf or lower leg
- feel increasingly tired or dizzy

Can't contact your surgeon or family practitioner?
Have any questions about your recovery?

Call 8-1-1 (HealthLinkBC) to speak to a registered nurse any time - day or night.

Call 9-1-1 if you have trouble breathing or shortness of breath; chest pain; or any sudden severe pain.

Family practitioner – Refers to family doctor or nurse practitioner

www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.